DMR Copy of Record

Permit

Permit #:	ID0000612	**Permittee:**	MCCAIN FOODS USA INC	**Facility:**	MCCAIN FOODS USA INC - BURLEY FACILITY
Major:	Yes	**Permittee Address:**	218 WEST HIGHWAY 30 BURLEY, ID 83318	**Facility Location:**	218 WEST HIGHWAY 30 BURLEY FACILITY BURLEY, ID 83318
Permitted Feature:	002 External Outfall	**Discharge:**	**002-B** CHLORINE		

Report Dates & Status

Monitoring Period:	**From 07/01/13 to 07/31/13**	**DMR Due Date:**	**08/10/13**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

Principal Executive Officer

First Name:	Jeff	**Title:**	Plant Manager	**Telephone:**	208-678-9431
Last Name:	McCray				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample	=	0.023	=	0.028	26 - lb/d			=	0.01	=	0.01	19 - mg/L		01/07 - Weekly	GR - GRAB
					Permit Req.	<=	3.85 MO AVG	<=	11.6 DAILY MX	26 - lb/d			<=	.13 MO AVG	<=	.393 DAILY MX	19 - mg/L	0	01/07 - Weekly	GR - GRAB
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

MCCAIN FOODS USA INC

User:	Jdmccray	Date/Time:	2013-08-05 15:09 (Time Zone: -07:00)
Name:	Jeff McCray		
E-Mail:	Jeff.McCray@McCain.com		